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APPLICANTS

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** CONTINUING DATA ***** *KCM*
NONE

** FOREIGN APPLICATIONS ***** *KCM*
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 05/28/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<i>KCM</i>			
Verified and Acknowledged	<i>KCM</i>	<i>KCM</i>			
	Examiner's Signature	Initials			

ADDRESS

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TITLE

Protective device against frictional irritation due to wearing thong-type sandals and other footwear

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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